

Article

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Research

The impact of vicarious trauma on Aboriginal and/or Torres Strait Islander health researchers

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Key points

- The trauma experienced by many Aboriginal and Torres Strait Islander women and their families in Australia affects the health and wellbeing of their communities
- Little information is available on Aboriginal and/or Torres Strait Islander women researchers' experiences of vicarious trauma when conducting research in this area. There is also little guidance on how to safeguard the social and emotional wellbeing of the researcher or the research participants
- We must consider the potential consequences for researchers impacted by vicarious trauma, and their understanding of the underlying reasons and motivations that drive the health behaviours of the individuals, families and communities in which they are conducting their research

Abstract

Aim: To describe and reflect on an Aboriginal researcher's experience of vicarious trauma arising from a qualitative study of Aboriginal and Torres Strait Islander women with chronic disease.

Methods: In-depth semistructured interviews with thematic analysis were undertaken to explore the psychosocial factors experienced by Aboriginal and Torres Strait Islander women as they managed their chronic disease. An 'Indigenous women's standpoint theory' approach was adopted to frame discussion. This approach gives strength and power to the voice of Aboriginal and Torres Strait Islander women and their diverse cultural lived experiences. The raw and often brutal realities this approach exposed had a triggering impact on the Aboriginal team member for whom these realities were familiar. Interviews were conducted with participants from four Aboriginal Medical Services from urban, rural and remote Australia. Analysis of the interviews, and reflection regarding the researcher's experiences, occurred within the context of a multidisciplinary team.

Participant selection for the interview study was purposive. Seventy-two participants were selected for this study. The duration of the study was 2 years, and it was undertaken between March and December 2014, and finalised in December 2016.

Results: In exploring how Aboriginal and Torres Strait Islander women managed their own health and wellbeing, compelling stories of trauma, domestic violence and generational incarceration were shared with the researcher. Hearing and re-living some of these overwhelming experiences left her feeling isolated and distressed. These compelling stories contributed to her experience of vicarious trauma.

Conclusion: When Aboriginal and Torres Strait Islander researchers conduct research in Indigenous communities, we should monitor, prepare for and provide appropriate care and support to researchers to address the potential for vicarious trauma. These considerations are paramount if we are to build the capacity of Indigenous and non-Indigenous researchers to conduct Indigenous health research.

Introduction

The life expectancy gap between Indigenous and non-Indigenous Australian women remains almost one decade.¹ To ensure optimal health and wellbeing outcomes for Aboriginal and non-Aboriginal women, (from here on referred to as Indigenous women), we need to understand the factors affecting how they manage their own health. An individual's health is shaped by socio-economic, cultural and political determinants.² For Indigenous women, such determinants include a higher likelihood of living in poverty and experiencing trauma and violence than non-Indigenous women.³ These experiences may have an ongoing effect on their physical and psychological health.

Qualitative research seeking to enable Indigenous women to talk about their lived experience is appropriate to more deeply explore and understand factors affecting their health and wellbeing.⁴ Research teams commonly include Indigenous members, with the aim of bringing critical insights and knowledge to the conduct of research with Indigenous communities. Descriptions by Indigenous female research participants of their experiences of trauma and violence, and how this affects them as an individual, family and community member, may affect research team members, especially if they are themselves Indigenous women.⁵ Commonly, an Indigenous research team member may be relied upon to develop and sustain respectful relationships with individuals and the community, regardless of whether they identify with that particular community. This is a responsibility which brings with it a realisation for the team member that despite the differences and uniqueness of each community, the stressors and despair is more common than not, therefore triggering and exacerbating existing vicarious trauma.

Vicarious trauma is a process “through which the therapist’s inner experience is negatively transformed through empathic engagement with clients’ traumatic material”.⁴ Limited information is available on Indigenous researchers’ experiences of vicarious trauma in conducting research within Indigenous communities, or how to safeguard their social and emotional wellbeing. This paper explores the impact on an Indigenous researcher as a result of hearing the stories from Indigenous female research participants about their experiences of trauma and violence. This exploration was in the context of conducting a qualitative study exploring Indigenous women’s roles and responsibilities and how these impact their own health and management of chronic disease.

Methods

Interpretive phenomenology analysis is the theoretical approach used for this study because it allows the researchers to explore and understand the lived experiences of participants.

This qualitative study was conducted in four Aboriginal Medical Services within Australia. Face-to-face interviews with participants were conducted by one research team member (AE) and audio-recorded with the participants' permission. The study by researcher AE, who is an Indigenous woman, was approved by the Far North Queensland Human Research Ethics Committee (reference HREC/13/QCH/118-870), Aboriginal Health Council of Western Australia (HREC 535), and Central Australian Human Research Ethics Committee (reference HREC-14-212). Researcher AE travelled to each of the participating Aboriginal Medical Services to conduct interviews with 72 women. A health service provider from each site engaged with and supported AE during the recruitment of potential participants. Generally, by the time she had spoken with potential participants, they had already been approached by their local health service provider and were aware of what the study was about. They had also expressed an interest to meet with AE to learn more about the study.

At each health service, in the early stages of building relationships with individuals and the community, AE invited clinical staff to an information session where she presented the proposed study. She explained why we (the researchers) thought that women's roles and responsibilities might affect how women managed their health, and that we anticipated this study would provide some understanding and clarity around this issue.

Indigenous women's standpoint theory relies on the primacy of Aboriginal and Torres Strait Islander women's voices. This approach revealed AE's alignment with some of the women's stories, bringing with it a shared sense of hopelessness often experienced with vicarious trauma. This could have been because of similar "social, political, historical and material conditions that may have been shared between them either consciously or unconsciously".⁶ This is important when considering an epistemological (our way of knowing), ontological (our way of being), and axiological (our way of doing) stance consistent with moving towards an Indigenous women's standpoint.⁶

Discussions within the multidisciplinary team concluded that perhaps AE was recognising some of the participants' circumstances as similar to aspects of her own life and familial networks, further reinforcing the importance of positioning from an Indigenous women's standpoint. Adopting this approach could also ensure Indigenous researchers are better prepared for the potential risk of experiencing vicarious trauma when conducting qualitative research with Indigenous people. This is particularly relevant when researchers identify with the participants they are researching.

Results

Trauma, violence, incarceration and death: in the women's words

When responding to interview questions about their experiences of chronic disease, the participants in this study disclosed compelling stories of trauma, violence, incarceration and death. These powerful and distressing stories of rejection, family violence, homelessness, and grief, loss and despair were shared with AE throughout this research. Through close identification with the research participants, these stories profoundly affected AE, which became the focus of ongoing discussion within the research team.

In one interview, a woman said:

He found a steak knife; [a] threaded steak knife, and walked behind me and stabbed me My daughter witnessed it. (Participant 10, Site 1)

Another woman said:

[My husband], he broke my jaw ... and booted three kids out of me. (Participant 12, Site 3)

Researcher AE listened to repeated stories of incarceration and the negative impact of this on families, as well as stories of intergenerational domestic and family violence. One woman said:

Because [the father] had always been in and out of jail ... [now] my second eldest son is doing 10 years in jail. (Participant 10, Site 1)

Another woman shared her concerns about the impact of incarceration on young families, particularly for the young women left to care for the children alone:

My granddaughter, I worry about her, she's got those little children, and she's only in her twenties and her boyfriend, he's in jail at the moment. (Participant 20, Site 1)

Hearing women seemingly accept the cycle of family violence also weighed heavily on researcher AE. For example, one woman said:

Because my brother is always one of those forever lasting in jail for domestic violence – stuff like that ... but when he goes to jail it's only because, everyone has feelings and he has feelings, when he's hurt and he has to defend himself and each time he does [defend himself against his partner], he goes to jail. (Participant 14, Site 2)

Experiences of homelessness were shared:

I come to [place], live in a park, having a baby ... and when the social worker ... went past, see me and my son was hiding ... we're getting shelter from the rain. I don't know where all my family was. They don't want me. I tried to knock on the door, they say, "oh go stay in the park". So I went to live in the park. (Participant 12, Site 1)

Women in this study discussed the trauma of experiencing the death of family and community members. At one health service, seven pending funerals were announced on the noticeboard. At one of the health services, one woman said:

Yeah, I worry about my mother because I miss her a lot and my father, my sister, my granddaughter, my grandmother. They all passed away. (Participant 11, Site 2)

When someone had died in an Indigenous community, the death of the community member was reported as being felt across the whole community. Death in Indigenous communities occurred frequently during the conduct of this research and left the community in a constant state of grieving.

An experience of vicarious trauma

The women's stories affected researcher AE deeply. Yet despite there being so much sadness in the stories she heard from the women, they also displayed a great deal of strength and resilience. AE was not sure why she was affected so deeply. She began to wonder how her response was related to the women's stories she had heard.

Perhaps AE was recognising some of the circumstances as being similar to aspects of her own life and familial networks, immersing herself in the narrative to the point where her own objectivity was being compromised. Would her reaction have been different if she was not an Indigenous woman with similar lived experiences, but rather a non-Indigenous

researcher or someone with a very different lived experience? Not only did these stories elicit a strong emotional response in her, she noticed that she began to withdraw in her personal life, experiencing ongoing sadness with a heightened sense of isolation.

Repeatedly listening to these experiences of trauma, such as domestic violence, incarceration, homelessness, and death and dying, made AE question the extent to which similar traumas may have played a role in her own life, and some of the challenges she had confronted. She also wondered whether the challenges encountered while conducting her research had become insurmountable. She was beginning to feel the same sense of hopelessness that she had witnessed in others during the interviews.

It was a chance conversation with researcher MR, who at the time was undertaking research with the Royal Commission into Institutional Responses to Child Sex Abuse, that AE learned about 'vicarious trauma' as a concept that might assist with intellectually and emotionally understanding what she was experiencing. It provided a way to place the personal distress that she had experienced in relation to her research. Importantly, the discovery of vicarious trauma – the experience of it and as a concept – did not take place institutionally or as part of an academic research protocol, but serendipitously through the conversation between two Indigenous female researchers.

Discussion

Qualitative research is used to gain an understanding of underlying reasons, opinions and motivations that drive the health behaviours of individuals, families and communities. This type of research fits well with Aboriginal and/or Torres Strait Islander communities' customs relating to the sharing of knowledge. During any collaborative research, the sharing of personal opinions and feelings exposes researchers to a certain amount of vulnerability.¹ For Indigenous researchers, this vulnerability may run deep and be profoundly personal, involving their own experiences of intergenerational trauma. In an effort to understand and give meaning to participants' responses and stories, qualitative researchers may immerse themselves emotionally in the lived experiences of others during face-to-face storytelling, transcription and the thematic analysis of interviews. These research methods can put researchers at particular risk of experiencing harm and distress and developing vicarious trauma. It is one thing to hear a participant's story about abuse and trauma; but the thematic analysis and grouping of experiences of abuse and trauma requires researchers to revisit these stories repeatedly. Researchers dissect the stories and ask questions of the data, that most lay people may never ask. Stories of people's lived experiences become snippets of 'broken jaws', 'knife attacks' and threats to personal bodily safety that must be made sense of by the researcher.

In part, this sense-making process exposes researchers to experiencing helplessness and hopelessness. This is particularly so when the stories of abuse and trauma seem to belong to a group of people, as is the case in this study. The sense-making process is also likely to draw on a researcher's own lived experiences to bring meaning to the data. Many Indigenous researchers come from families and communities with present and historical experiences of trauma, which makes them particularly vulnerable to vicarious trauma. The similarities of the researcher's own lived experiences might aid in community and participant engagement and ownership, encourage participants to share their stories and inform the interpretation and understanding of data. However, Indigenous researchers may attach their own meanings to the lived experiences shared by the community research participants, or perhaps even re-live their or their family's experiences after hearing the stories shared by participants.

There is very limited literature on Indigenous researchers' experiences of undertaking research with Indigenous people, and the incidences or likelihood of experiencing vicarious

trauma as a result of undertaking research.³ However, others have commented on the experiences of Indigenous researchers, and that their feelings of responsibility to community are likely to differ to those of non-Indigenous researchers.^{3,7-9}

Recognition and management of vicarious trauma

Risks for researchers or clinicians working with repeated exposure to traumatic experiences include the cognitive changes that can cause an altered worldview.¹⁰ In many cases, the shift in cognition is a negative change¹¹, and the world is viewed through a deleterious lens.¹² This shift in cognition may manifest in symptoms such as anxiety, depression, and perceptions of a lack of safety, mood swings and the increased use of alcohol, caffeine or other drugs. The shift in worldview experienced by people dealing with vicarious trauma can also affect relationships, particularly with family and friends.¹⁰

Universities and research institutes should ensure that researchers conducting research with Indigenous communities are made aware of the potential for vicarious trauma. To support this, vicarious trauma protocols should be developed to safeguard study participants and researchers. Training should also be available to highlight the possibility of vicarious trauma for researchers and the ways in which they can safeguard against it.

Higher degree research supervisors should be required to undertake supervisor training that explains the possibility that some researchers may be exposed to distress that can lead to vicarious trauma. For example, this training should include the provision and discussion of strategies that can assist supervisors and researchers in identifying, preventing or mitigating vicarious trauma. Another strategy could be to have access to counselling services, or to have a safe environment or support team to debrief with as the research is conducted.

Additionally, higher degree researchers may experience other stress and anxiety during the conduct of their research. When developing a vicarious trauma protocol for a specific research project with Indigenous people, the supervisor and higher degree researcher should consider the psychosocial impact upon Indigenous researchers, while also ensuring the safety of participants. Supervisors should also be aware of which research methods, such as interpretive phenomenology analysis, explore the lived experiences of research participants, and are likely to put researchers at the most risk.

Conclusion

Research that contributes to a deeper understanding of the issues that shape Indigenous women's roles, behaviours and approaches to maintaining their own health and wellbeing is a priority. Universities and Indigenous health services are seeking to build the capacity of Indigenous researchers to take a leading role in the conduct of Indigenous health research. Although institutional policies and procedures address the safety of study participants, less focus is given to the safety considerations of Indigenous researchers.

Universities, research institutions and supervisors should work to ensure the best possible outcome for Indigenous researchers in terms of equipping them with the necessary research skills and providing support systems and strategies to reduce the risk of any detrimental effect on their own mental and physical health. Understanding the risks associated with undertaking research can't be left to chance. A vicarious trauma protocol should be a necessary part of research and supervisor training, and should be included as a component required for ethical research approvals.

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Peer review and provenance

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Competing interests

None declared.

Author contributions

AE planned and led the qualitative study and writing of the manuscript. AC and MH provided guidance and input to the conduct of the qualitative study and the writing of the manuscript, and contributed to the analysis. HL assisted with the analysis and writing of the manuscript. MR contributed to the discussions related to vicarious trauma and the writing of the manuscript.

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